

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

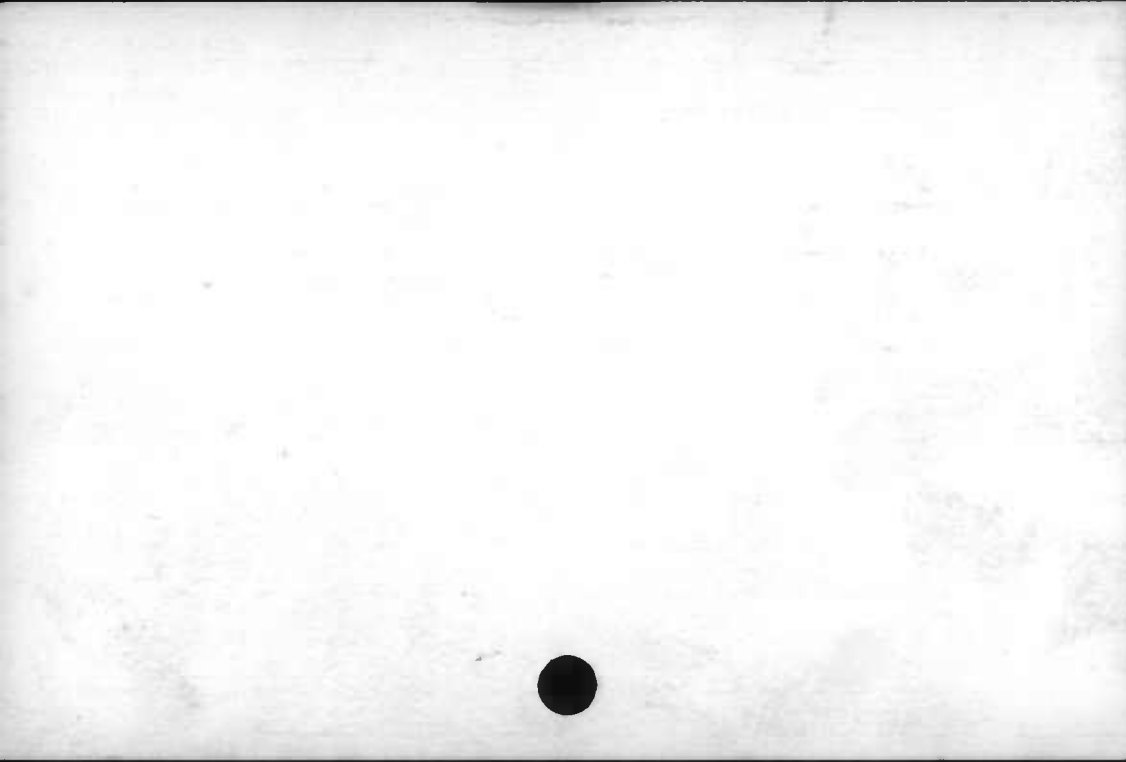
Name in Full <i>Peter Andrew</i>		Town <i>near Denton</i>		County <i>Caroline</i>		MARYLAND	
Died		Month <i>Sept.</i>		Day <i>3</i>		Years <i>68</i>	
Date of death <i>1909</i>		Month <i>Sept.</i>		Day <i>3</i>		Years <i>68</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Butler</i>					
Father's Name <i>Thomas H. Butler</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Largh E. Wright</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>Peter Andrew</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart & complications</i>	How long	<i>20 yrs.</i>
Immediate	<i>Dont know</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes,</i>		<i>G. W. Simmes</i>	
		Address <i>Denton Ind.</i>	
Accident or Suicide			



Name
in
Full

Louise A. Matthews Armstrong

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Bridge</u> ^{town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death	1909	Month	Sept	Day	9
Age	61	Years		Months	-
Sex	Female	Color or Race	Black	Birth-place	Ida
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	J. A. C. Armstrong		
Father's Name	Benedict Matthews		Father's Birthplace	Md	
Mother's Maiden Name	Furrielia Down		Mother's Birthplace	Md	
Name of person giving information	Ernest Armstrong		How related to deceased	Son	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

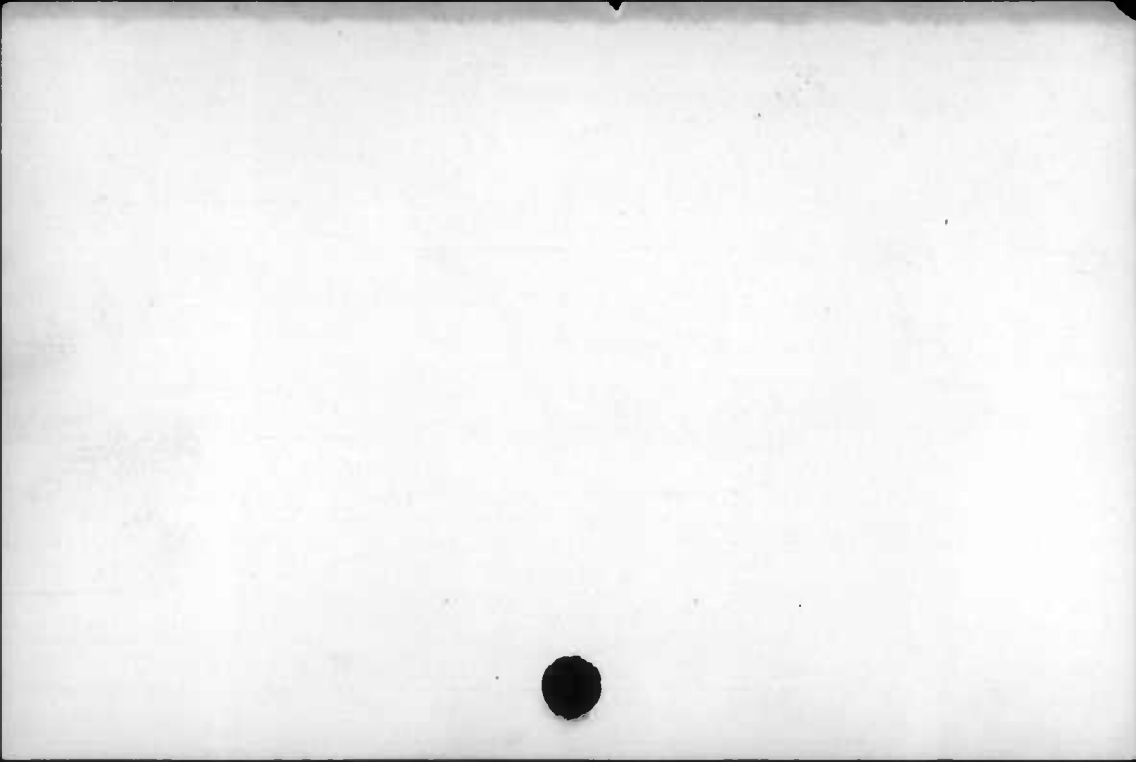
apoplexy

2 hours

yes

D. J. Stewart
Ridgely
Md

No



Name
in
Full

Myrtle E Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Grimmston</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>9</u>	Day <u>20</u>	Age <u>21</u>	Months <u>11</u>	Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Phone Operator</u>	Where Residing if not at place of death <u>Grimmston</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Charles E Bailey</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Mary P. Tuff</u>	Mother's Birthplace <u>Del</u>				
Name of person giving Information <u>Chas E Bailey</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>2 weeks</u>
Immediate <u>Septic Hemorrhage</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. M. M. M.</u>
	Address <u>Grimmston Md</u>
Accident or Suicide?	

28

6 yds 2 feet

Name
in
Full

Lucinda Black

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

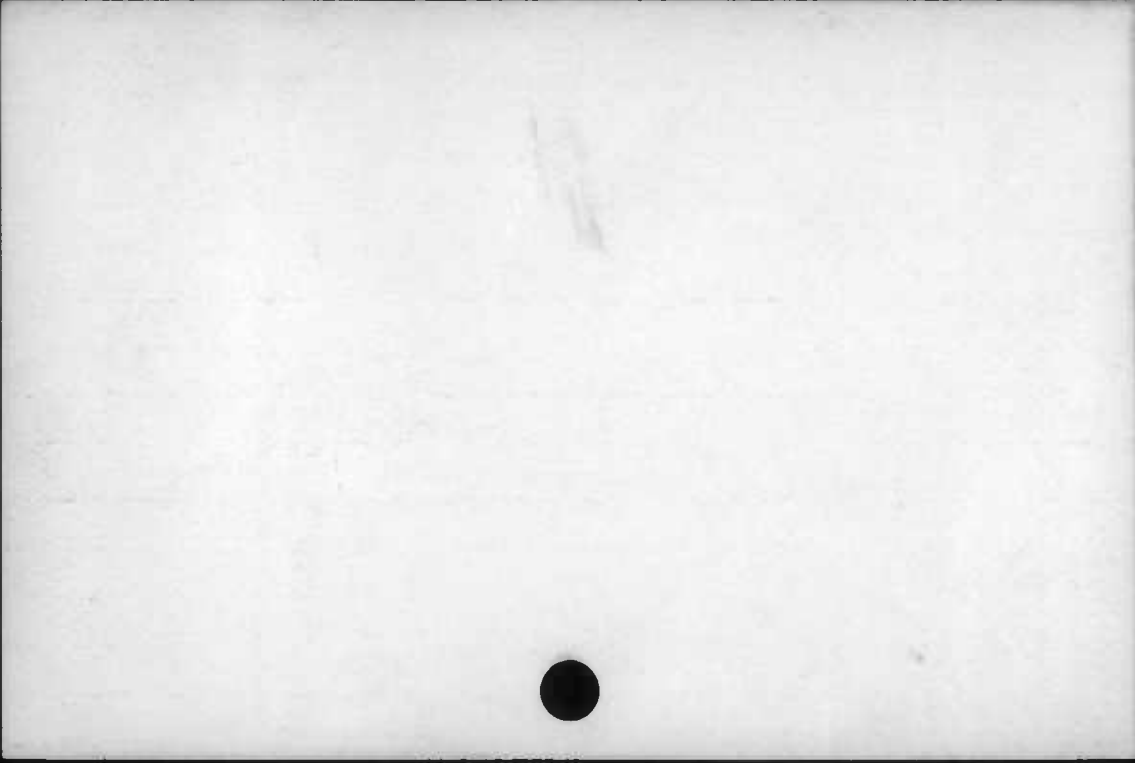
Died <i>near Greenboro</i> ^{Town}			<i>Caroline</i> ^{County}		MARYLAND	
Date of death 190 <i>9</i> ^{Month}		<i>Sept</i> ^{Day}	<i>12</i>	Age <i>10</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>		Color or Race <i>Oroner</i>		Birth-place <i>md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation			
Name of Wife or Husband						
Father's Name <i>Jno. A Black</i>				Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Clara Travis</i>				Mother's Birthplace <i>ore</i>		
Name of person giving information <i>Jno A Black</i>				How related to deceased <i>Father</i>		

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary <i>By Dr. J. H. Fern</i>		How long <i>2 weeks</i>
Immediate <i>(Chills)</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Fern</i>
		Address <i>Greenboro md.</i>
Accident or Suicide?		



Maggie Bradley

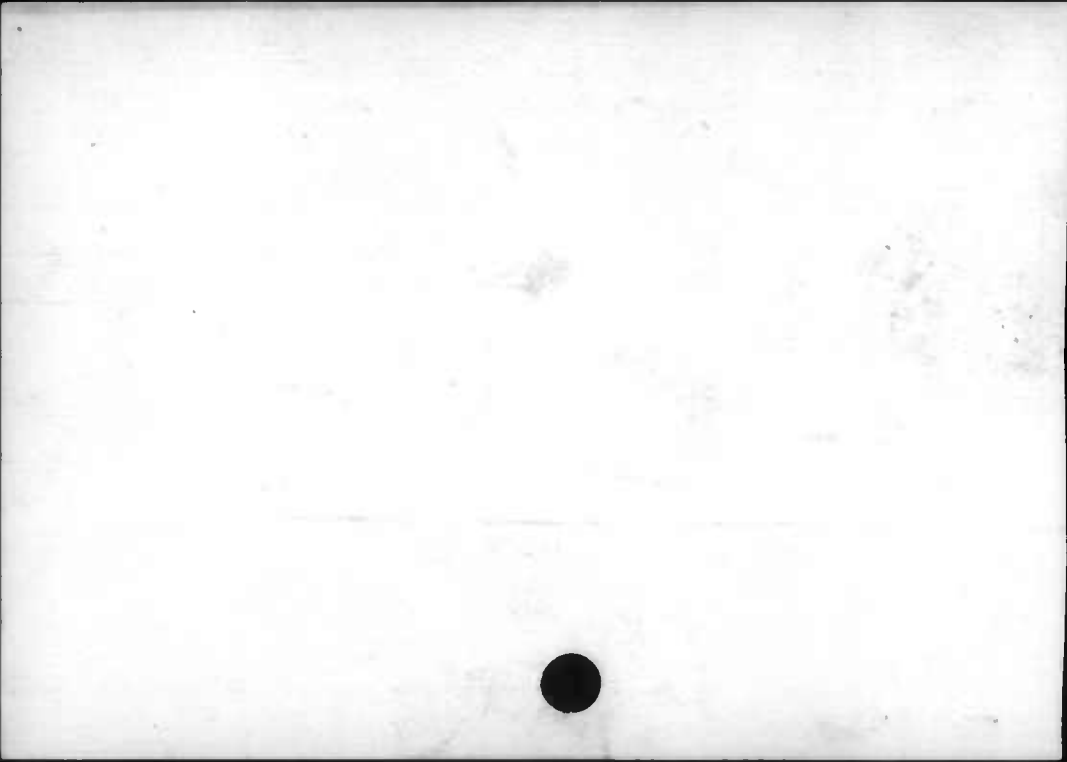
CERTIFICATE OF DEATH

Died at <i>Baltimore Corner</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	Sept	23	30	5	26
Sex	Color or Race		Birthplace		
Female	White		Baltimore Corner		
Occupation			Where Residing if not at place of death		
House Wife					
Married, Single or Widowed		Name of Wife or Husband			
Married		Walter Bradley			
Father's Name			Father's Birthplace		
George G. Landen			Not Known		
Mother's Maiden Name			Mother's Birthplace		
Elizabeth Comigers			Baltimore Corner		
Name of person giving Information			How related to deceased		
Walter Bradley			Husband		

CAUSES OF DEATH

27

Primary	Child Birth	How long	Feb. 16 th 1907
Immediate	Pulmonary Tuberculosis	How long	Eight months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Walter H. Fenby, M.D.	
		Address	
		Centerville, R. R. No. 4, Md.	
Accident or Suicide			
Neither			



Name
in
Full

William H. Cohey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

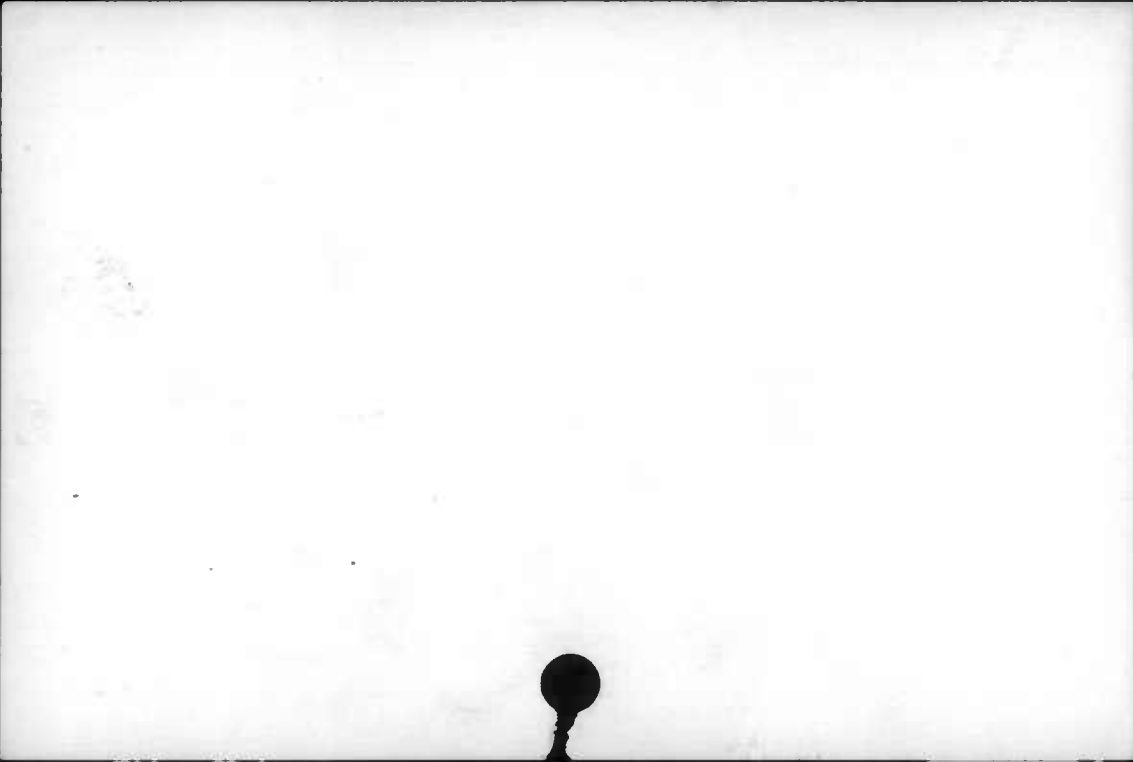
Died at ^{Town} near <u>Hudson</u>		^{County} <u>Caroline</u>		MARYLAND	
Date of death	1909	Month	Sept	Day	3
Age	78	Years	6	Months	—
Sex	male	Color or Race	white	Birth-place	Caroline Co. Md.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Sarah E Cohey		
Father's Name	Goray Cohey		Father's Birthplace	Hillsdale, Md.	
Mother's Maiden Name	Don't know		Mother's Birthplace	Caroline Co Md.	
Name of person giving information	William J. Cohey		How related to deceased	son	

CAUSES OF DEATH

(154)

PHYSICIAN
OR CORONER

Primary	old age	How long	—
Immediate	Heart Failure	How long	3 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. L. Todd
		Address	Preston Md.
Accident or Suicide			



Name in Full *Wm*

CERTIFICATE OF DEATH

Addie May Ellranger

Died at <i>Denton</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>9th</i> <small>Month</small>	<i>8th</i> <small>Day</small>	Age <i>31</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>27</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Burrowsville</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Jacob E Ellranger</i>				
Father's Name <i>Arlington P. Pister</i>	Father's Birthplace <i>Burrowsville</i>		Mother's Birthplace <i>Greenwood Del</i>		
Mother's Maiden Name <i>Hannah P. Pepper</i>	Name of person giving Information		How related to deceased		

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

66

Primary <i>Paralysis</i>	How long <i>5 weeks</i>
Immediate <i>same</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above? *yes*

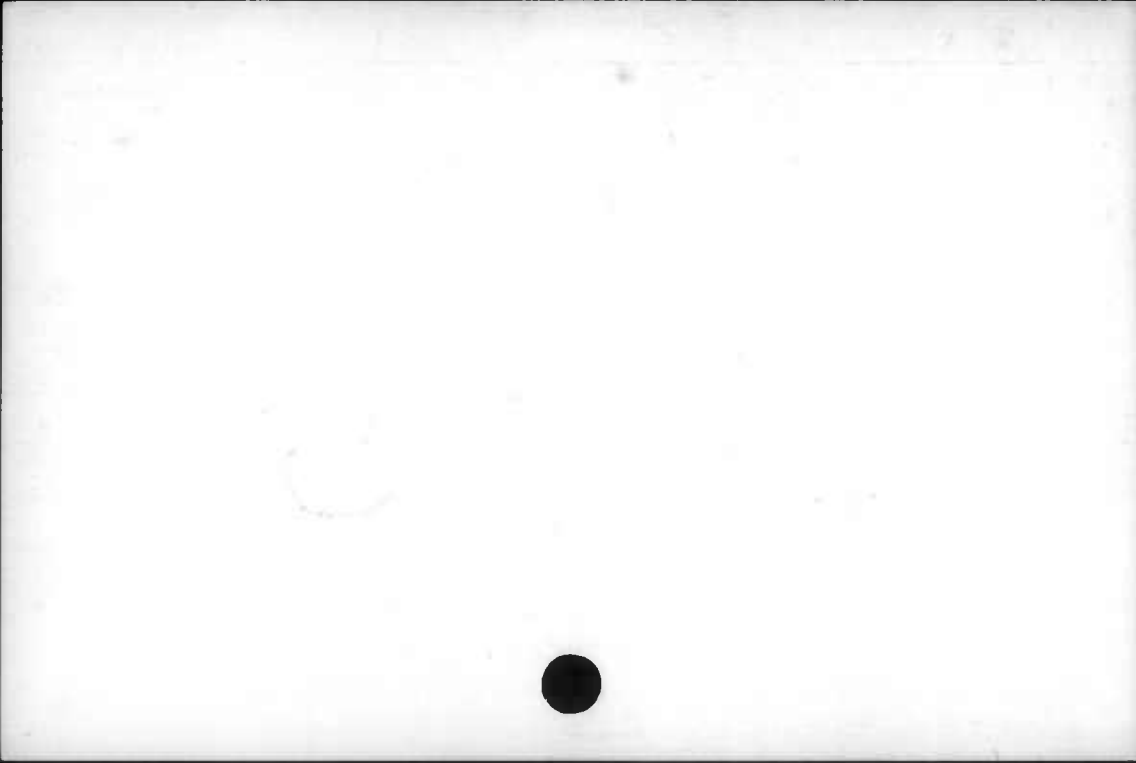
Signature of Physician

Address

P.R. Fisher
Denton

Accident or Suicida *M*

PHYSICIAN OR CORONER



Name
in
Full

Harriet P. Fields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Denton ^{Town} Caroline ^{County} MARYLAND

Date of death 1909 Sept. ^{Month} 30 ^{Day} Age 76 ^{Years} 5 ^{Months} 16 ^{Days}

Sex female Color or Race White Birth-place Dorchester

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband Daniel Fields

Father's Name Isaac Wright Father's Birthplace Dorchester

Mother's Maiden Name Anne Jackson Mother's Birthplace Virginia

Name of person giving Information Minnie Skirwen How related to deceased Daughter

Fracture due to a fall.

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary Fracture of hip How long 4 months

Immediate Eustulix How long 6 weeks

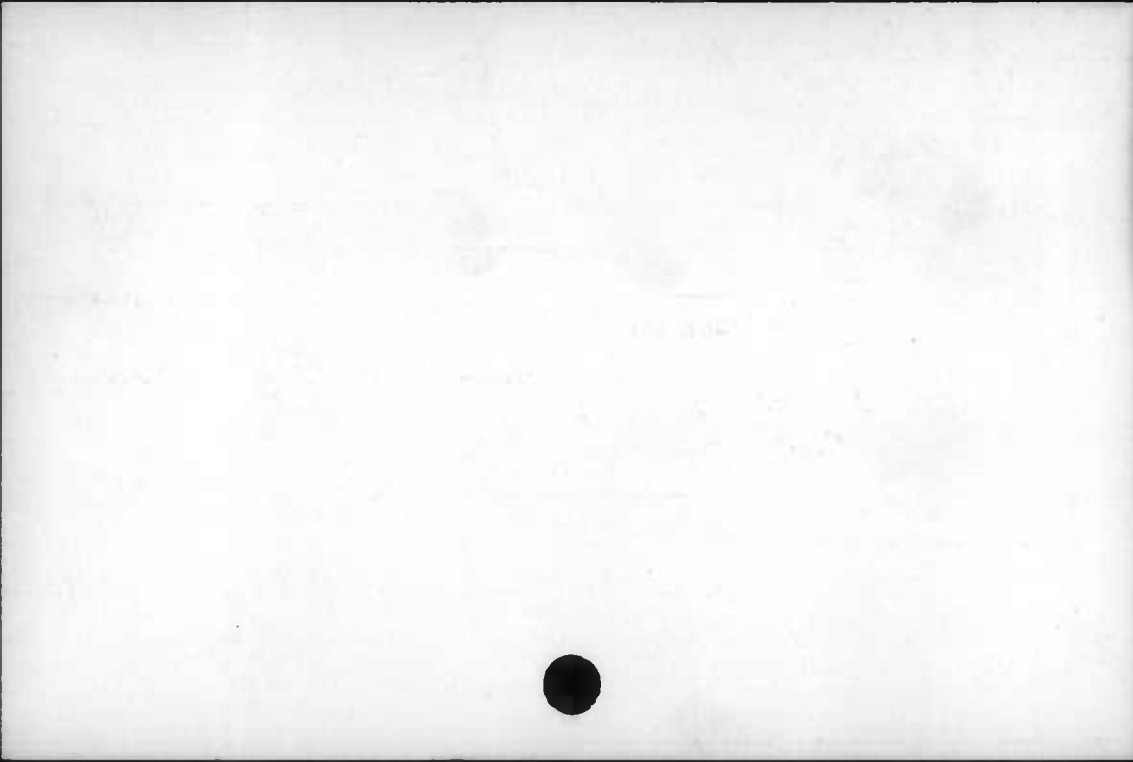
Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician P. R. FrazierAddress DentonAccident or Suicide Accident

0

0-0-0



Name in Full Grace Foster		Town near Preston		County Caroline		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months	
		1909 Sept 21		21		1	
Sex		Color or Race		Birth-place		Days	
Female		Caucasian		Tel		21	
Occupation		Where Residing if not at place of death					
Domestic		Dance					
Married, Single or Widowed		Name of Wife or Husband					
Single		Not any					
Father's Name		Father's Birthplace					
Hon Foster		Tel					
Mother's Maiden Name		Mother's Birthplace					
Arizella Murray		Tel					
Name of person giving information		How related to deceased					
Hon Foster		Father					
				CAUSES OF DEATH		151	
Primary		How long					
Monsieur		7 years					
Immediate		How long					
Respiratory failure							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
		Address					
		Preston					
Accident or Suicide?							



Name
in
Full

Mildred Lora French

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Ridgely ^{County} Caroline **MARYLAND**

Date of death 190 ^{Month} 9 ^{Day} 2 ^{Years} — Age — ^{Months} 3 ^{Days} 28

Sex Female Color or Race White Birth-place Ridgely

Occupation — Where Residing if not at place of death —

~~Married~~ Single
~~or widowed~~Name of Wife or
Husband —Father's
NameJohn B. FrenchFather's
BirthplaceDelaMother's
Maiden NameLulu BreedingMother's
BirthplaceMarylandName of person giving
informationJohn B. FrenchHow related
to deceasedFather

CAUSES OF DEATH

105PHYSICIAN
OR CORONER

Primary

Enterocolitis

How long

Six Weeks

Immediate

Exhaustion

How long

4 days.Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianWm. Carving M.D.

Address

Ridgely, Md.Accident or Suicide —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Ezra Gross

Town

County

MARYLAND

Died at

Greensboro

Caroline

Date

of death

1909

Month

Sept

Day

29

Age

Years

Months

5

Days

Sex

Male

Color or
Race

Black

Birth-
place

Greensboro

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Howard Washington Gross

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary Lewis

Mother's
Birthplace

Maryland

Name of person giving
Information

Howard Washington Gross

How related
to deceased

Father

CAUSES OF DEATH

179

Primary

Macasmus

How long

3 months

Immediate

Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Address

W. L. Oldsberry
Greensboro, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Albert S. Handy* +
Town *Federalsburg* County *Caroline* MARYLAND

Died at *Federalsburg*

Date of death 190 *9*, *9* Month *20*, Day *6* Age *2* Years *2* Months *2* Days

Sex *Male* Color or Race *White* Birth place *Federalsburg, Md*

Occupation *-* Where Residing if not at place of death *Federalsburg, Md*

Mother, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Albert S. Handy* Father's Birthplace *near Federalsburg, Md*

Mother's Maiden Name *Louise Noble (deceased)* Mother's Birthplace *Caroline Co.*

Name of person giving Information *F. S. Handy* How related to deceased *son*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

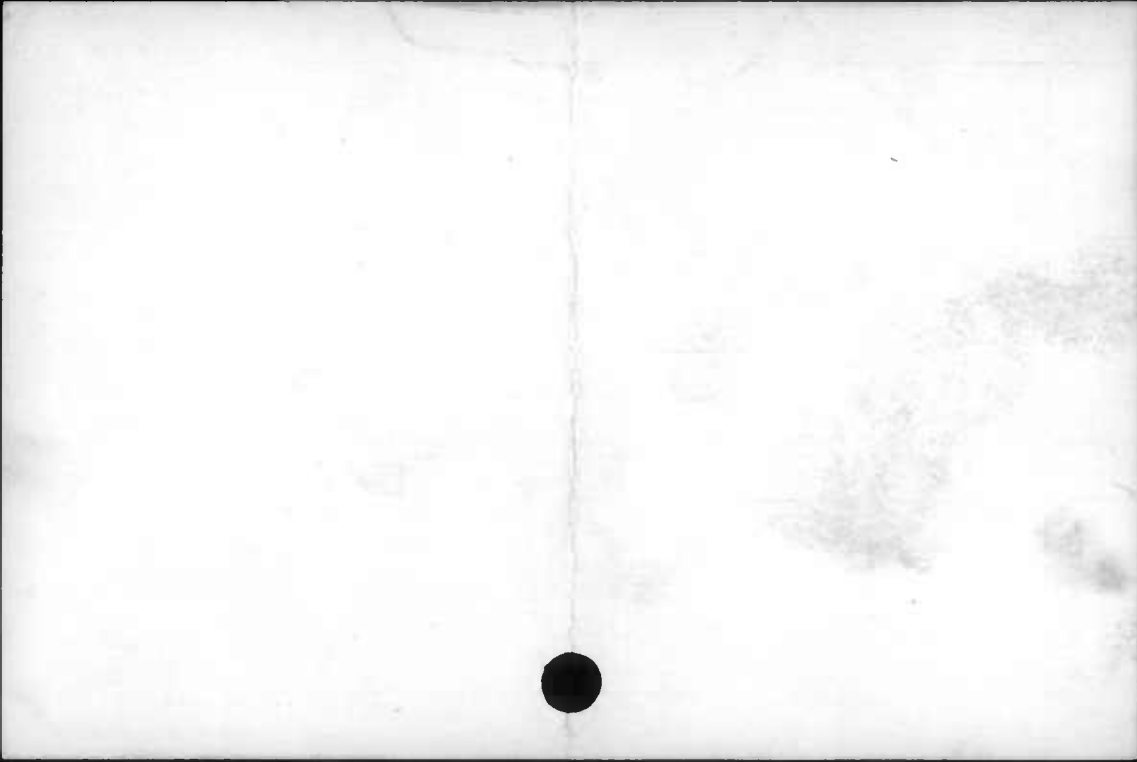
Primary *Coronary Thrombosis* How long *1 week*

Immediate *Coronary Artery* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Geo. F. Garbony*

Address *Federalsburg, Md*

Accident or Suicide *-*



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

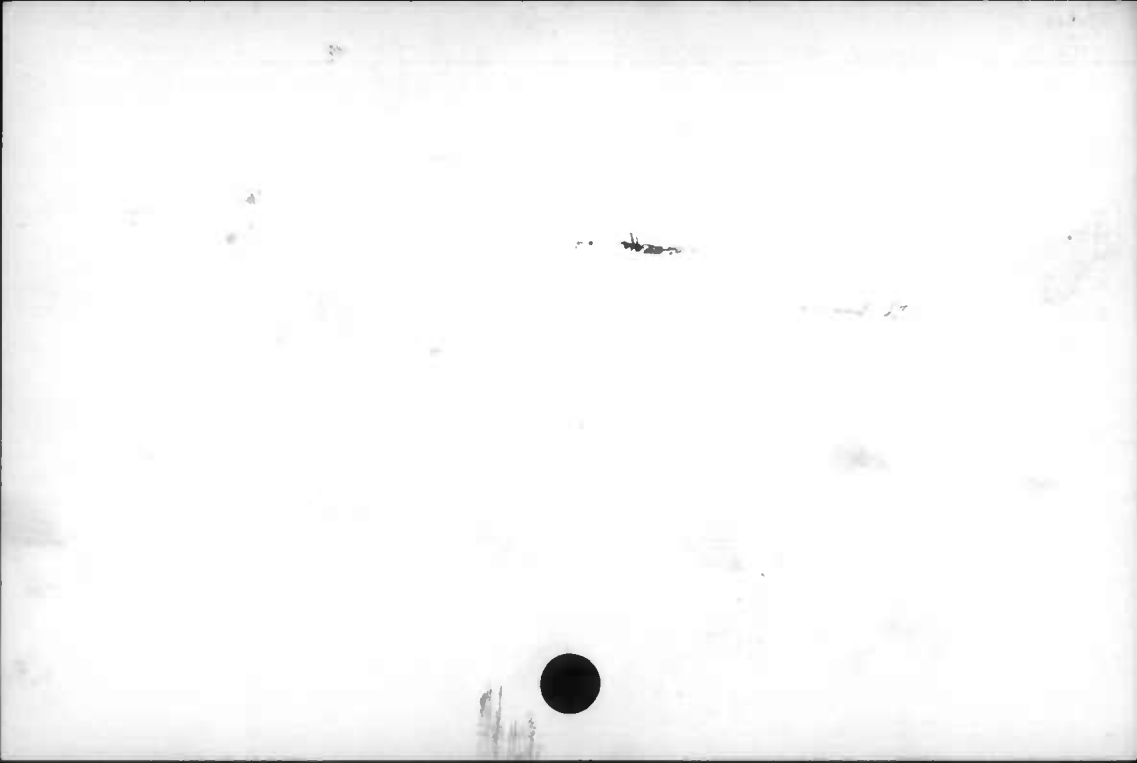
Name *Octavia Mayman Henry* †
 Died at *Ridgely* County *Caroline* MARYLAND
 Date of death 190 *9* Month *Sept.* Day *20* Years *26* Months *11* Days *24*
 Sex *Female* Color or Race *Negro* Birth-place *Md.*
 Occupation *Housewife* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *John E. Henry*
 Father's Name *Robt. D. Mayman* Father's Birthplace *Md.*
 Mother's Maiden Name *Alvyntha Wyatt* Mother's Birthplace *Md.*
 Name of person giving Information *John E. Henry* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Phthisis Pulmonalis* How long *one year*
 Immediate *Exhaustion* How long
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. S. Stone M.D.*
Address *Ridgely Md.*
 Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

Name *Thelma Louise Hubbard* +
 Town *Denton* County *md* MARYLAND
 Died at
 Date of death 1909 *Sept* *22* Age *1* -
 Sex *Female* Color or Race *White* Birth-place *Denton*
 Occupation _____ Where Residing if not at place of death _____

TO BE ANSWERED BY
NEAREST FRIEND

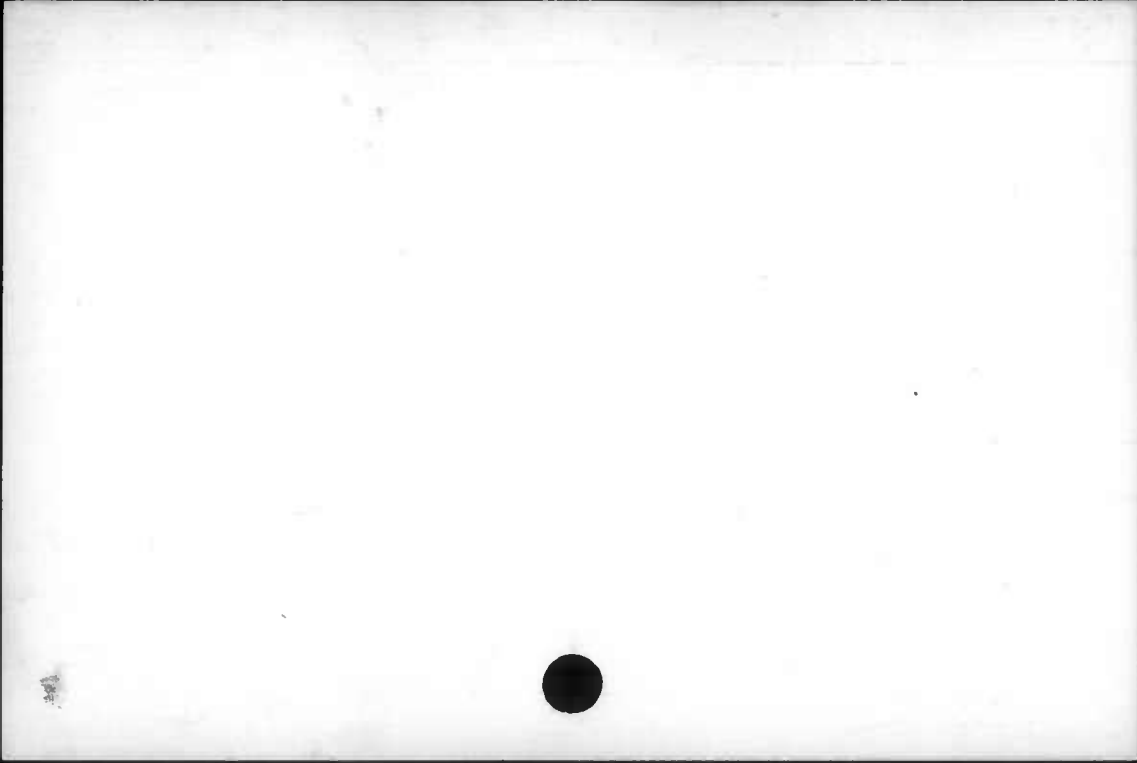
Married, Single or Widowed _____ Name of Wife or Husband *Bessie Hubbard*
 Father's Name *Oscie Hubbard* Father's Birthplace *Denton*
 Mother's Maiden Name *Bessie Saffterfield* Mother's Birthplace *Denton*
 Name of person giving Information *Father* How related to deceased *Mother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera infantum* How long *3 weeks I think*
 Immediate *Brain involvement* How long *10 days*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *L. W. Simms*
 Address *Denton, Md.*
 Accident or Suicide



Name in Full		Ida Jan 8 16				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Baltimore		Coralton		MARYLAND			
		Date of death		1909	Month	Sept	Day	26	
		Age		1	Years	Months	Days		
		Sex	Female		Color or Race	Caucasian		Birth-place	Baltimore
		Occupation	None		Where Residing if not at place of death		Baltimore		
		Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name		Andrew Jank				Father's Birthplace	Germany		
Mother's Maiden Name		Lottie Schmidt				Mother's Birthplace	Germany		
Name of person giving information		Lottie Jank				How related to deceased	Sister		
PHYSICIAN OR CORONER		CAUSES OF DEATH							
		Primary				How long			
		Choking Cough				3 1/2 hrs			
		Immediate				How long			
		Bronch. Pneumonia				3 days			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
				Address					
				Preston					
Accident or Suicide?									



Name
in
Full

Mary Elizabeth King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Bidgely* ^{County} *Caroline* **MARYLAND**

Date of death 1909 ^{Month} *Sept* ^{Day} *4* Age ^{Years} *1* ^{Months} *2* ^{Days} *11*

Sex *Girl* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Milton J. King* Father's Birthplace *Pa*

Mother's Maiden Name *Annie Bueller* Mother's Birthplace *Pa*

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Measles Cong* ^{How long} *4 weeks*

Immediate *Bacterial Pneumonia* ^{How long} *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. M. Smith*

Address *Denton Ind*

Accident or Suicide



Name
in
Full

W C Carty

CERTIFICATE OF DEATH

Died at *New* Town *New Town* County *Garrett* MARYLAND

Date of death 1909 Month *Sept* Day *3* Age *15* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Unemployed* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Walter M Carty* Father's Birthplace *Ind*

Mother's Maiden Name *Corra Harmon* Mother's Birthplace *Ind*

Name of person giving Information *Walter M Carty* How related to deceased *Father*

CAUSES OF DEATH

9

Primary *Depression* How long *4 days*

Immediate *Depression - Heart failure few hours*

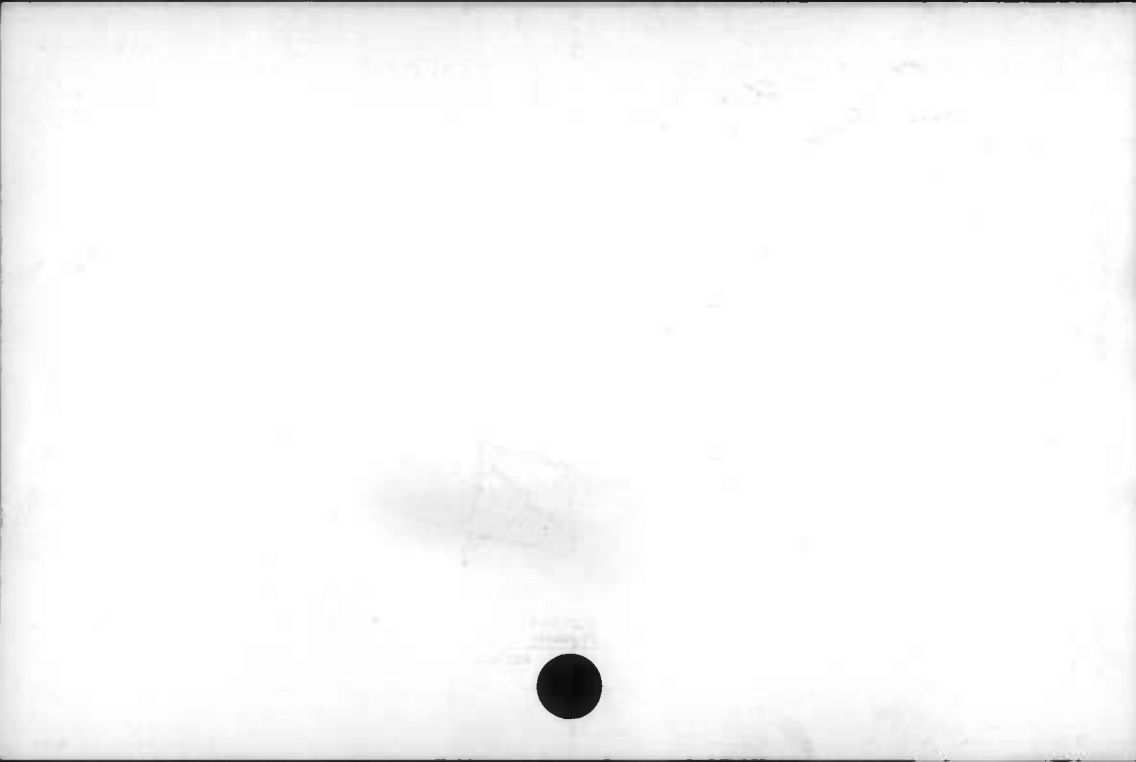
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Edward Downes*
Address *Prattown*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Lewis B Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sep	11				1
Sex		Color or Race		Birth-place			
male		white		md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
L B Morgan				Del			
Mother's Maiden Name				Mother's Birthplace			
Annie M Pusey				Del			
Name of person giving Information				How related to deceased			
L B Morgan				father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature

How long

Immediate

How long

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

Address

B Kemp Jefferson
Federalburg
md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>res Ridgeley</i>		County <i>Caroline</i>		MARYLAND	
Date of death	Month <i>Sept.</i>	Day <i>6th</i>	Years <i>77</i>	Months <i>2</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Religious</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Johann Adam Mueller</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Eva Kempf</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving Information <i>M. Dolorotza</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. J. Stony, M.D.</i>
	Address <i>Ridgeley, Md.</i>
Accident or Suicide <i>No</i>	



Name
in
Full

Alice Muller,

CERTIFICATE OF DEATH

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NEAREST FRIEND

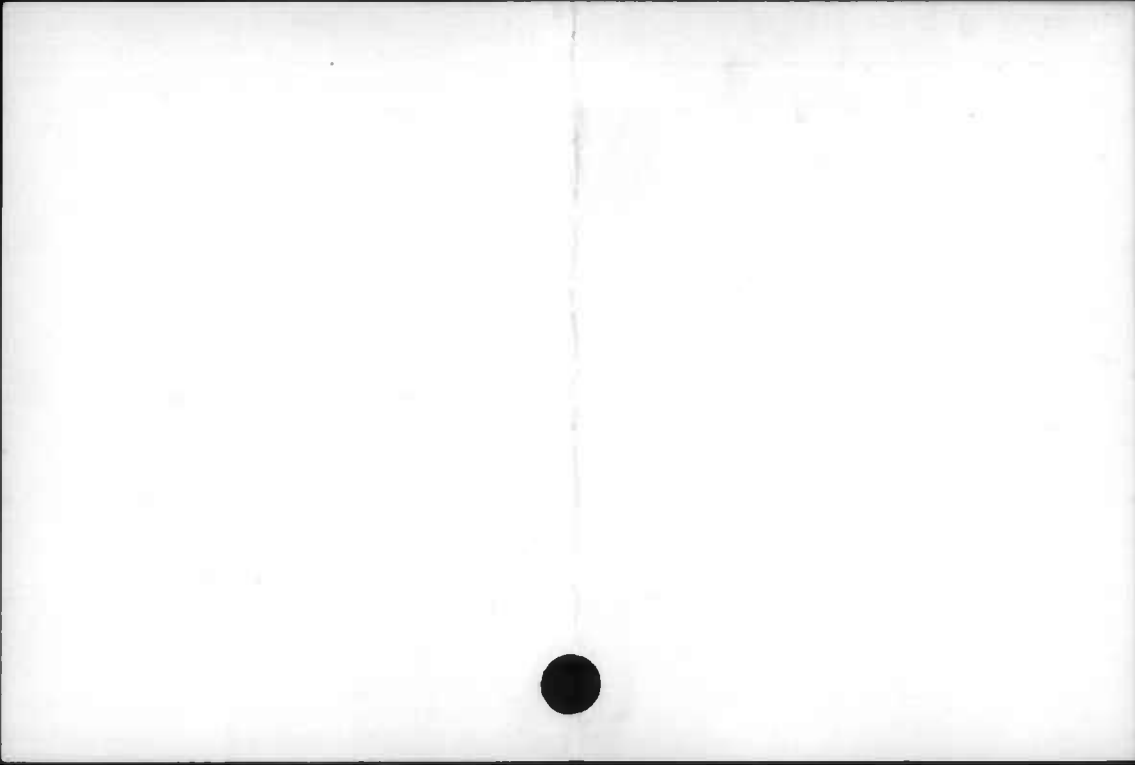
Died at ^{Town} Federalsburg		^{County} Caroline		MARYLAND	
Date of death 1909		Month Sept.		Day 10	
Age 10		Years		Months 5	
Sex Female		Color or Race White		Birth-place Federalsburg	
Occupation Infant.		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Joseph. Muller.		Father's Birthplace Switzerland			
Mother's Maiden Name Katherine Schebling		Mother's Birthplace Switzerland			
Name of person giving Information Joseph Muller.		How related to deceased Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Tharasmus.	How long	6 weeks
Immediate	Enteritis	How long	3 days.
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician F. J. Brooks	
		Address Federalsburg Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Charlotte Ellen Phillips
Fedsburg Carroll

Died at

MARYLAND

Date
of death

1909

9 9

11

Age

60

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Sussex Co. Del

Occupation

Housewife

Where Residing if not
at place of death

Fedsburg Md

Married, Single
or Widowed

Name of Wife or
Husband

John W. Phillips

Father's
Name

Archibald Sutherland

Father's
Birthplace

Sussex Co. Del

Mother's
Maiden Name

Charlotte Ellen Phillips

Mother's
Birthplace

Sussex Co. Del.

Name of person giving
Information

J. W. Phillips

How related
to deceased

Husband

CAUSES OF DEATH

Primary

La Grippe

How long

10

3 weeks

Immediate

Paralysis (following pneumonia 4 m)

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

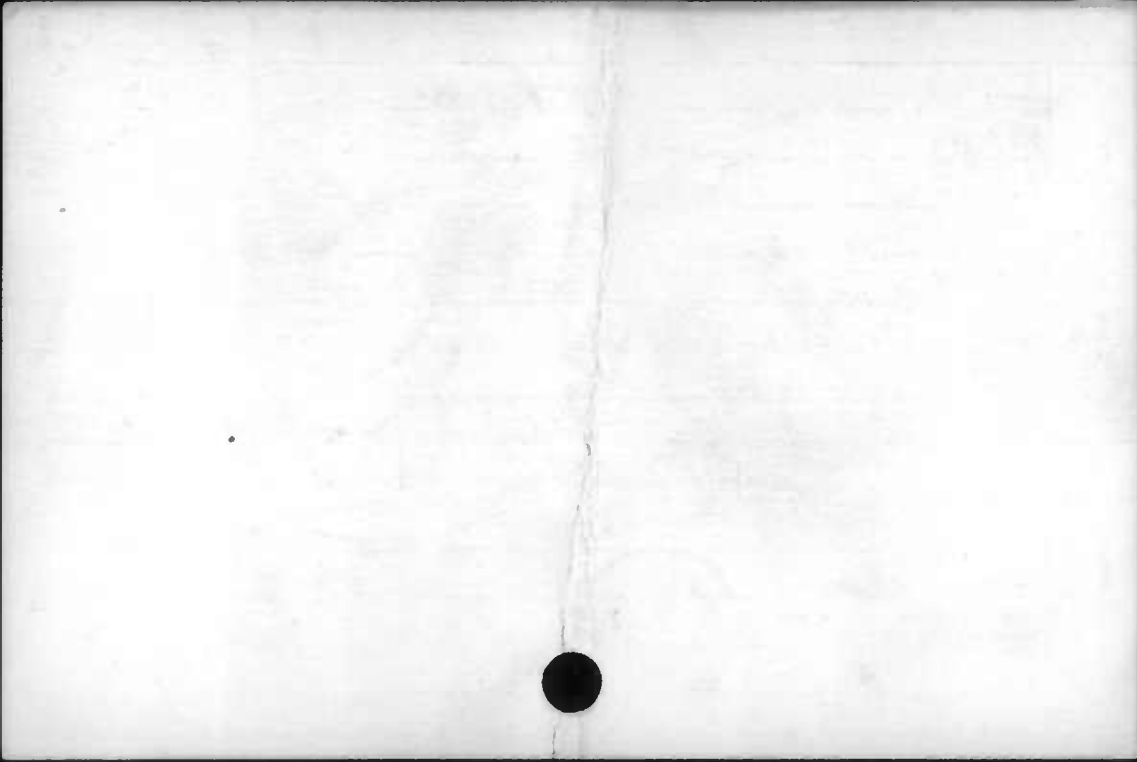
Address

G. F. Galloway
Fedsburg Md

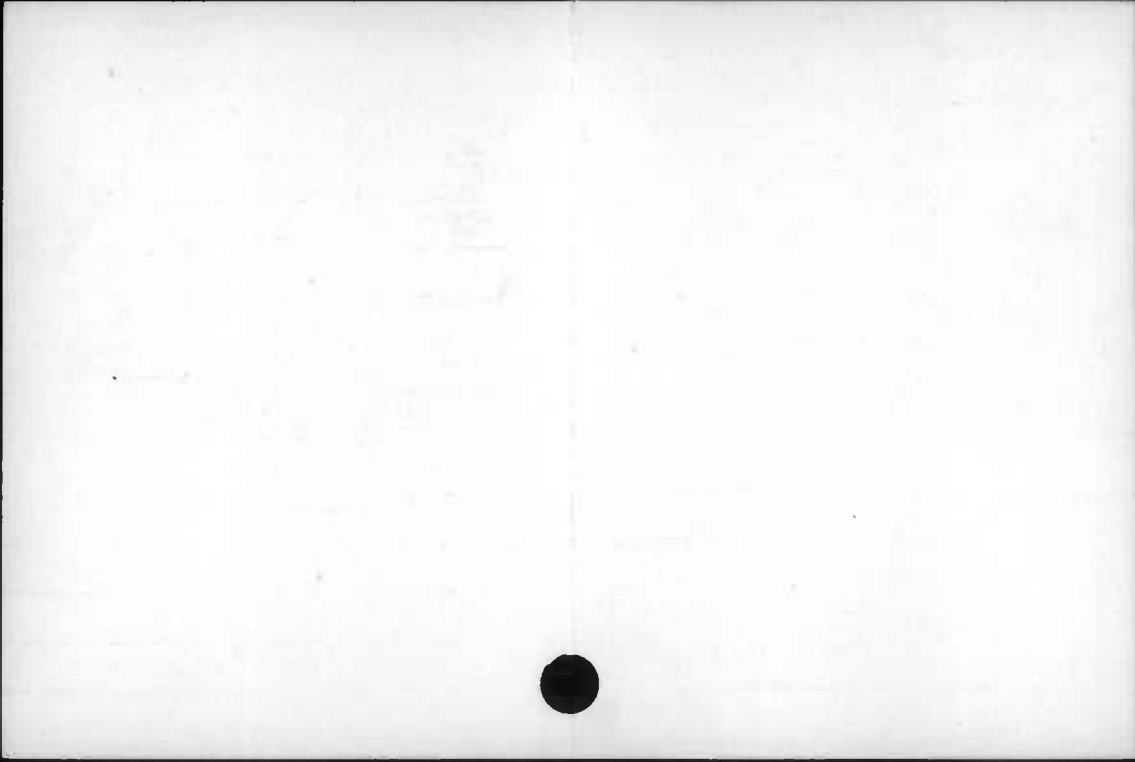
Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Henry Spencer Prattis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Federalburg		County 1		MARYLAND	
	Date of death	1909	Month Sep	Day 24	Age 80	Months 5	Days
	Sex	male		Color or Race	black		Birth-place
	Occupation	farmer		Where Residing if not at place of death			
	Married, Single or Widowed	married		Name of Wife or Husband Rosetta Washington			
	Father's Name	Isaac Prattis				Father's Birthplace	md
	Mother's Maiden Name	Fessie Satterfield				Mother's Birthplace	md
	Name of person giving information	Isaac V Prattis				How related to deceased	son
		CAUSES OF DEATH				66	
PHYSICIAN OR CORONER	Primary	Paralysis				How long	several years
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	R Kemp Jefferson
						Address	Federalburg
	Accident or Suicide?	no					md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

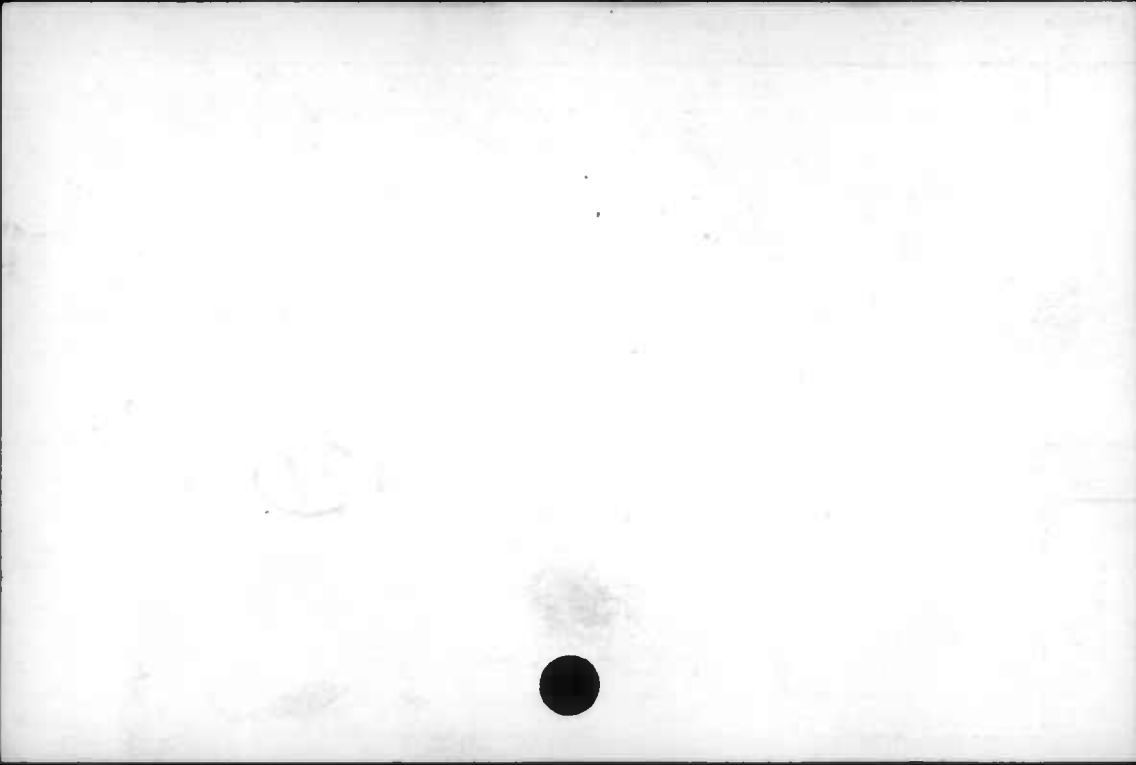
Name in Full <i>John Satterfield</i>		Town <i>Mar. Dutton</i>		County <i>Caroline</i>	
Date of death <i>1909</i>		Month <i>Sept</i>	Day <i>28</i>	Age <i>18</i>	Years <i>-</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Ind.</i>		Months <i>-</i>	
Occupation <i>Farm laborer</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Wesley Smith</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Belle Satterfield</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving Information <i>Samuel Hutchins</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
Signature of Physician <i>H. W. B. Rorer</i>	
Address <i>Willsboro Ind.</i>	
Accident or Suicide <i>No</i>	



Name
in
Full

ELEANOR TH SMITH

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at new Criffins Caroline County MARYLAND
Date of death 1909 Month Sept Day 4 Age — Years — Months 14 Days —
Sex Female Color or Race Black Birth-place md
Occupation Chile Where Residing if not at place of death —

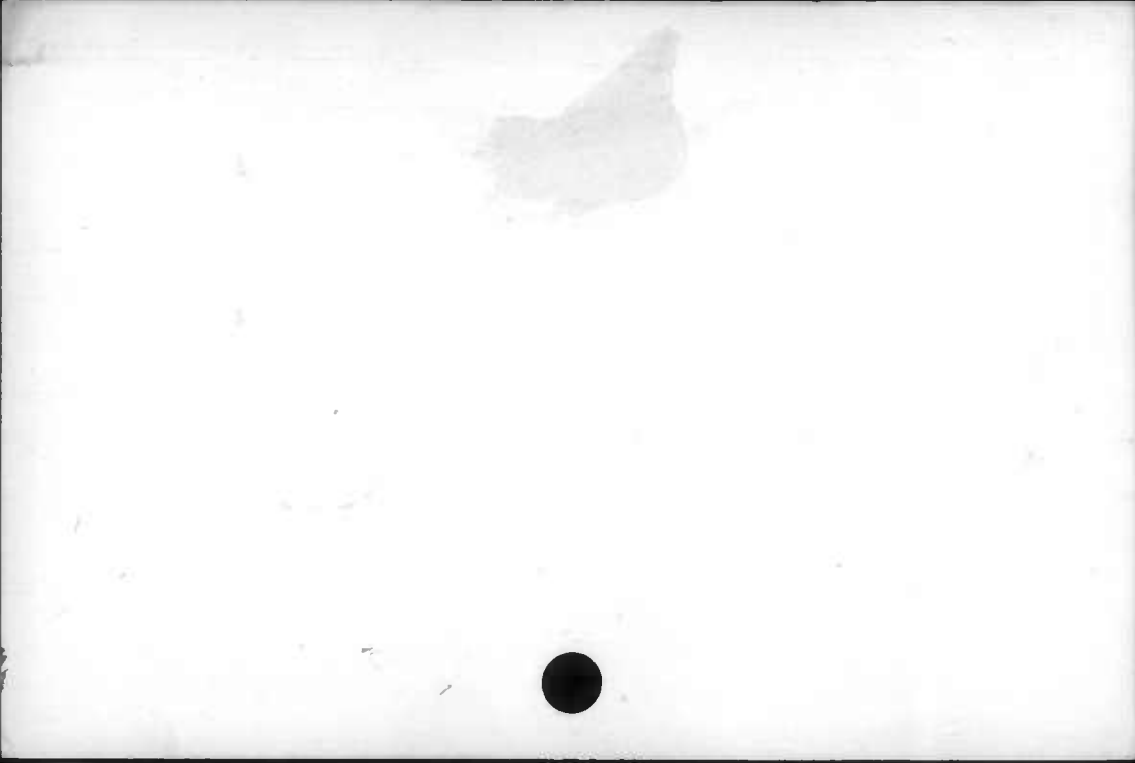
Married, Single or Widowed — Name of Wife or Husband —
Father's Name John Smith Father's Birthplace St. Mary's
Mother's Maiden Name Lula Seepers Mother's Birthplace Caroline Co
Name of person giving Information John Smith How related to deceased 2 sister

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary Pertussis How long 3 months
Immediate Pulmonary tuberculosis How long 1 month
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Dr. J. B. Love
Address 2 Lillabood
Accident or Suicide No



Name
in
Full

Rudolph Baupuf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

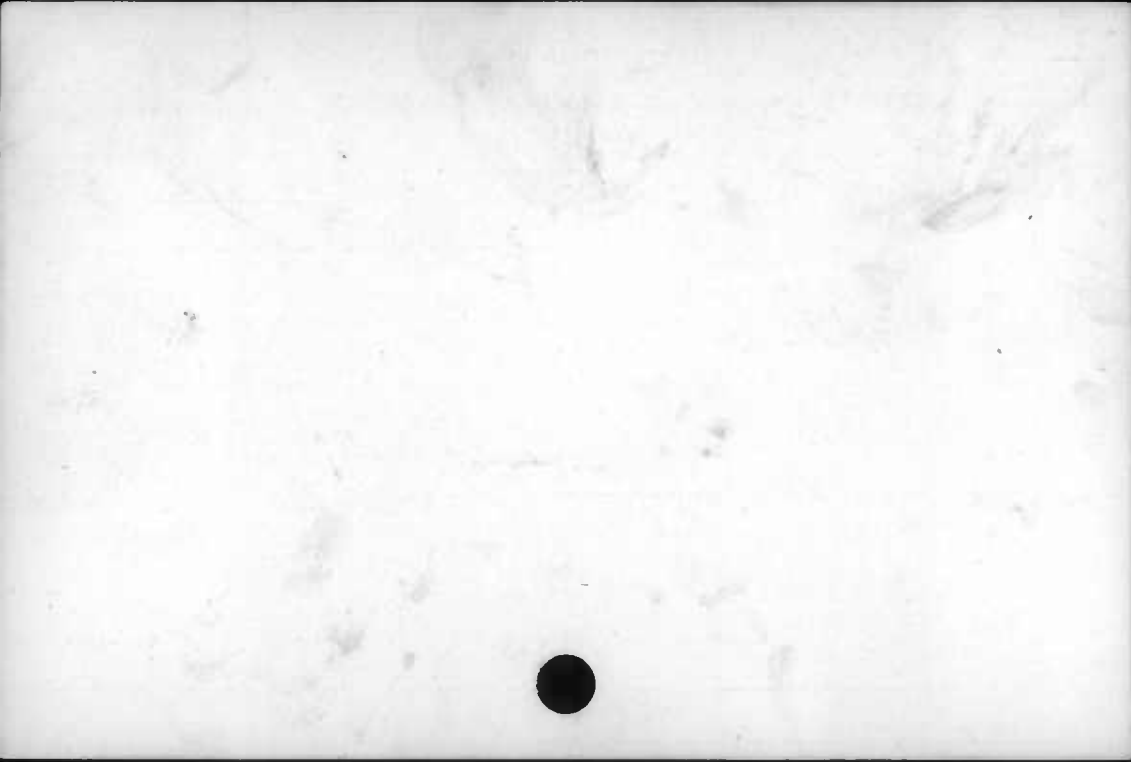
Died at <u>Preston</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	1909	Month	Sept	Day	27
Age	<u>75</u>	Years		Months	10
Sex	Male	Color or Race	<u>Bohemian</u>	Birth-place	<u>Balto</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>Home</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>None</u>			
Father's Name	<u>Bernard Baupuf</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Annie Stupka</u>			Mother's Birthplace	<u>Germany</u>
Name of person giving information	<u>Annie Baupuf</u>			How related to deceased	<u>Sister</u>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Ischemic</u>	How long	<u>2 Weeks</u>
Immediate	<u>Enteritis</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. Raymond Dawnes</u>	
		Address <u>Preston</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

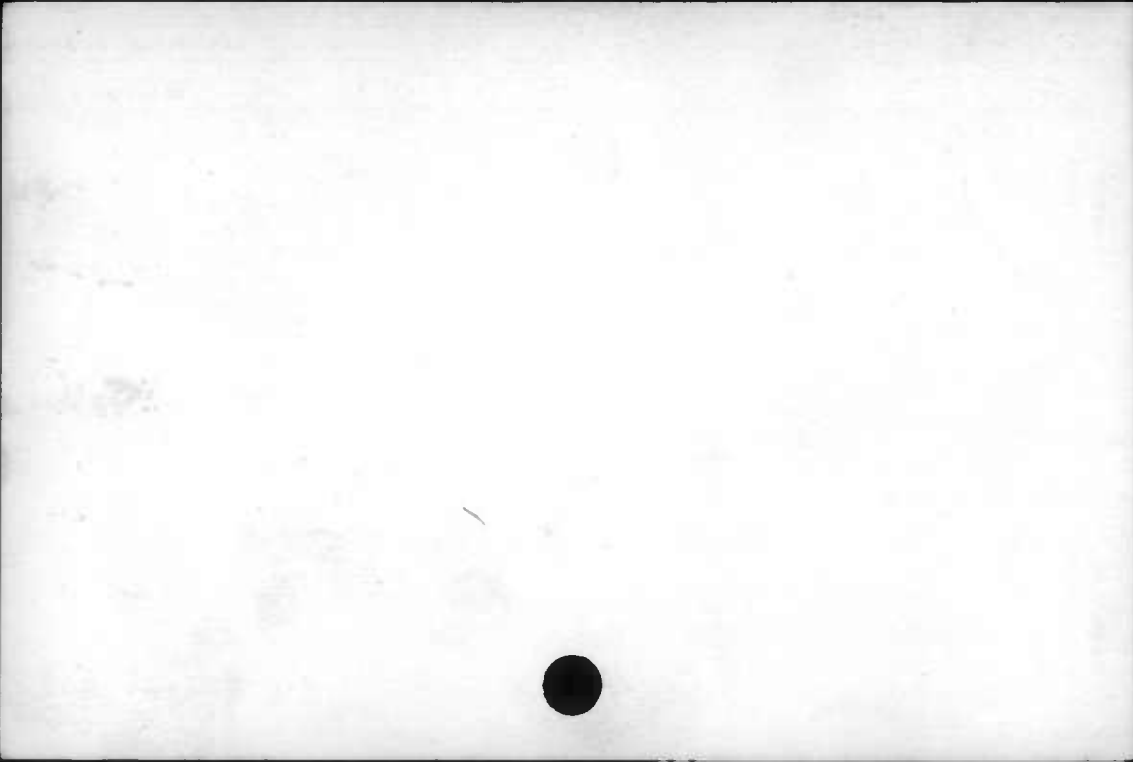
Name in Full <i>Elyse Stanford</i>		Town <i>Dunbar</i>		County <i>Caroline</i>		MARYLAND	
Died at		Month <i>9</i>		Day <i>6</i>		Years <i>65</i>	
Date of death 190 <i>9</i>		Month <i>9</i>		Day <i>6</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>MD</i>		Days <i>—</i>	
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Stanford</i>					
Father's Name <i>Eli Stanford</i>		Father's Birthplace <i>MD</i>				Mother's Birthplace <i>MD</i>	
Mother's Maiden Name <i>Hennie Stanford</i>		How related to deceased <i>Son</i>				Name of person giving Information <i>Chris Stanford</i>	

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary <i>Heart Failure</i>	How long <i>Long</i>
Immediate <i>Heart Failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Smith</i>
	Address <i>Dunbar MD</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> Town		<i>Stayer</i> County		MARYLAND	
Date of death	1909	Month	Sept.	Day	18
Age	Years		Months	Days	
Sex	Male		Color or Race	White	
Occupation	_____		Birthplace	Ridgely Md.	
Where Residing if not at place of death			_____		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Harry S Stayer		
Mother's Maiden Name			Eda Royer		
Name of person giving Information			Harry Stayer		
Father's Birthplace			Penn.		
Mother's Birthplace			Penn.		
How related to deceased			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ecterus</i>	How long	
Immediate	<i>Exhaustion</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		<i>J. C. Madara</i>	
Address		<i>Ridgely Md.</i>	
Accident or Suicide			

24

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Melissa Eldora Warner* Town *near Ridgely* County *Caroline* MARYLAND

Died at *near Ridgely*

Date of death 1909 Sept 17 Age 21 Months 3 Days 14

Sex *Female* Color or Race *Negro* Birth-place *Ida.*

Occupation *Housework* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Alley Warner* Father's Birthplace *Ida.*

Mother's Maiden Name *Mahala Henry* Mother's Birthplace *Ida.*

Name of person giving Information *Thos. J. Henry -* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *3 weeks*

Immediate *Pneumonia* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. J. Stover M.D.*

Address *Ridgely Md.*

Accident or Suicide *No*

Chas Pritchett

55-